Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN WING 10/15/2015 fcI041076 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1030 ALAMANCE COURT EMANUEL HOUSE ASSISTED LIVING GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {C 000} {C 000} Initial Comments Report by Suzanna Fay DHSR Construction Section conducted a Biennial Follow-up Survey on October 15, 2015 from 3:18 PM to 3:58 PM at the above referenced facility. Not all of the previously cited deficiencies were corrected. Therefore, further action is required. CONSTRUCTION SECTION The remaining deficiencies are as follows: {C 101} {C 101} Existing Licensed-No Less than '71 Rules SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701 Barbour Drive, Raleigh, North Carolina 27603 at no cost: This Rule is not met as evidenced by: Based on observation, the building fire alarm. system was not installed in accordance with the Rules in effect when first licensed Findings include:

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN B. WING 10/15/2015 fcI041076 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT EMANUEL HOUSE ASSISTED LIVING GREENSBORO, NC 27406 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {C 101} Continued From page 1 (C 101) There is no heat detector or sounding device in the attic installed 10/15/2015; SF-Observations did not reveal a heat detector in the attic. Have a qualified technician install a heat detector in the attic of sufficient temperature range that has a separate sounding device. Provide documentation of the correction in the form of photos or copies of receipts or work orders. {C 174} (C 174) Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical. mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Based on observation, the perch guardrails were not maintained safe. Findings include: Based on observation, the building exterior components were not maintained.

rotten.

Findings include:

a) The wood on the 2 bay windows in the front is

10/15/2015: SF-Observations revealed the wood is rotted and the paint is flaking. Have a qualified

technician repair the wood on the bay windows. Provide documentation of the repairs in the form painted but left bay has

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN fcI041076 10/15/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT EMANUEL HOUSE ASSISTED LIVING GREENSBORO, NC 27406 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETE DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {C 174} Continued From page 2 {C 174} of photos or copies of receipts or work orders. b) The wood soffit on the back of the house is rotten sF not secure - 1.7.16 10/15/2015: SF-The soffit was replaced and painted, but is not secure and the soffit is hanging down. Have a qualified technician secure the soffit. Provide documentation of the repairs in the form of photos or copies of receipts or work orders. (C 180) Building Service Equipment-Call System {C 180} SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (i) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Based on observation, the call system was not maintained operable.

Findings include:

The call system is not working.

10/15/2015: SF-Observations revealed that the call system is still not working. Have a qualified 5F. not done - 1.7.16

PRINTED: 01/05/2016 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN B. WING fcI041076 10/15/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1030 ALAMANCE COURT EMANUEL HOUSE ASSISTED LIVING GREENSBORO, NC 27406 (X4) ID PREFIX (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) {C 180} Continued From page 3 (C 180) technician repair the call system. Provide documentation of the repairs in the form of copies of receipts or work orders.

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